

FACT SHEET: CHILDHOOD HUNGER IN MONTANA

November 2012



2011 Census Data for Poverty in Montana

- 19.7% of children are at 100% of poverty level
- 41.1% of children are at 185% of poverty level
- 8.5% of children are at 50% of poverty level (DEEP POVERTY)

2011 Food Security Measures

- 14.5% of all people live with Low Food Security (not enough food for adults)
- 5.4% of all people live with Very Low Food Security (not enough food for adults and children)

2010 Child Food Security

- 20.9% all children live with Low or Very Low Food Security

*USDA studies show that unless a family income is above 185% poverty, the family is at risk of hunger. Based on this – **89,958** children are at risk of hunger in Montana.

SNAP (food stamp) participation in Montana

- 125,226 recipients as of August 2012
- Approximately 42% of all SNAP recipients are children under 19 (as of Oct 2011)
- Approximately 38% of SNAP households have at least one worker (as of Oct 2011)
- Working families receiving SNAP have increased in Montana from 11,192 families in FY 2009 to 18,770 families in FY2010

Demand for Emergency Food at Montana Food Banks

- 50% increase in child visits from 218,359 total child visits in 2009 to **326,761** total child visits in 2011.
- A total of 153,193 Montanans (more than 1 in 7 individuals) received food through an agency of the Montana Food Bank Network in 2011.

Implications of Food Insecurity and Hunger in Children

Physical Health

- Impact on physical growth, mental development, overall health status.
- Poor and inconsistent nutrition leads to inadequacy of vital nutrients, reduced immunity, increased risk of infections, morbidity, incidence of chronic diseases, and poor eating behaviors.
- Chronic nutrient deficiencies lead to heart disease, hypertension and diabetes in children.

Link to Childhood Obesity

- Hunger and lack of food security increases risk of overweight and obesity
- Overweight increases risk of other chronic diseases including diabetes
- In Montana, approximately 25% of children ages 10 – 17 are overweight or obese.
- Trends in YRBS: HS students who considered themselves obese: 1999: 6.2%, 2009: 10.4%
- American Indian HS students who considered themselves obese: 1999: 36.6%, 2009: 39.1%

Reduced potential for learning and Academic Achievement

- Lower math and reading scores.
- Reduced cognitive development, reduced ability for memory, language, motor skills and social interaction.
- Increased absenteeism due to increased illness, infections.
- Increased grade repetition, tardiness, anxiety, aggression, behavior problems in class.

Economic Impact on Schools, Families, Public Health and the future Workforce in the State.

- Higher health care costs, lost work time for parents, risk of job loss
- Poor academic outcomes lead to high school dropout, lack of higher education, lack of skills to seek better employment opportunities and gain economic self-sufficiency in adulthood.
- A poorly educated workforce creates greater demand on employers and business community.

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